

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

RUSSELL L. LOW, ESQ. -4745
LOW & LOW, LLC
505 MAIN ST., SUITE 304
HACKENSACK, NJ 07601
201-343-4040
Attorney for Debtor

In Re:

Jose P Castro

Case No.: 23-17437

Chapter: 13

Adv. No.: _____

Hearing Date: 02/07/24 at 9:00 a.m.

Judge: CMG

CERTIFICATION OF SERVICE

1. I, Russell L. Low :
☒ represent the debotor in this matter.
☐ am the secretary/paralegal for _____, who represents
_____ in this matter.
☐ am the _____ in this case and am representing myself.
2. On 01/31/2024, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.
3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 01/31/2024

/s/ Russell L. Low
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Judge Christine M. Gravelle 402 East State Street Trenton, N.J. 08608 Courtroom #3	Judge	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>ECF</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
Office of US Trustee One Newark Center, Suite 401 Newark, NJ 07102	US Trustee	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>ECF</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
Albert Russo PO Box 933 Memphis, TN 38101-0933	Chapter 13 Trustee	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>ECF</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
Pressler, Felt & Warshaw, LLP 7 Entin Rd. Parsippany, NJ 07054	Attorney For Secured Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input checked="" type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Digestive Health Care Center 511 Courtyard Drive, Building 500 Hillsborough NJ 08844	Secured Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input checked="" type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Jose P Castro 37 Orris Ave Piscataway, NJ 08854	Debtor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)